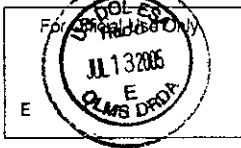


AMENDED
FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2257</u>	2. Fiscal Year Covered From: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 / 1 / 2004 Through: 12 / 31 / 2004</div>
3. Name and address of person filing. Name <u>James C Stelmasek</u> P.O. Box, Bldg., Room No., if any <u>Suite 101</u> Street <u>3813 Illinois Ave.</u> City <u>St. Charles</u> State <u>Illinois</u> ZIP Code + 4 <u>60174</u>	4. Name, file number, and address of labor organization. Name <u>Painters District Council #30</u> Labor Organization File Number <u>022-615</u> P.O. Box, Building and Room Number, if any <u>Suite 101</u> Street <u>3813 Illinois Ave.</u> City <u>St. Charles</u> State <u>Illinois</u> ZIP Code + 4 <u>60174</u>
5. Position in labor organization. <u>Council Representative</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 60px; margin: 5px 0; text-align: center; line-height: 60px;">NONE</div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; margin: 5px 0; text-align: right; line-height: 40px;">\$0</div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>James C Stelmasek</u>	On <u>7-6-05</u> Date	<u>630-377-2120</u> Telephone Number

AMENDED

Name of Person Filing James Stelmasek	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>	<p>11.a. Nature of such dealing.</p> <p style="text-align: center;">NONE</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p style="text-align: center;">NONE</p> <p>12.b. Amount. \$0</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: Illinois Painting & Drywall Institute</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 1991 W. Downer Pl.</p> <p>City: Aurora</p> <p>State: Illinois ZIP Code + 4: 60506</p>	<p>14.a. Nature of payment.</p> <p style="text-align: center;">One labor management dinner</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right;">\$65</p>

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Name of Person Filing James Stelmasek

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Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Stephanie Lord

Trade Name, if any: Loomis, Sayles & Co. LLP

P.O. Box, Bldg., Room No., if any

Street 227 W. Monroe

City Chicago

State Illinois

ZIP Code + 4 60606

14.a. Nature of payment.

One dinner during trust fund meeting.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$55

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Painters District Council #30 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 102

Street 3813 Illinois Ave.

City St. Charles

State Illinois

ZIP Code + 4 60174

14.a. Nature of payment.

Payment of hotel room fees for trust funds meetings.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$746

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name L. Mark Monroe

Trade Name, if any: Voyager Asset Mgt., LLC

P.O. Box, Bldg., Room No., if any 4300

Street 90 S. 7th St.

City Minneapolis

State Minnesota

ZIP Code + 4 55402

14.a. Nature of payment.

One round of golf.

13.b. Is the Business an Employer



or Consultant



?

14.b. Amount of payment.

\$100

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Mark A. Sullivan

Trade Name, if any: Alliance Bernstein

P.O. Box, Bldg., Room No., if any

Street 1345 Avenue of the Americas

City New York

State New York ZIP Code + 4 10105

14.a. Nature of payment.

One cocktail reception during trust fund meetings.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NONE

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$0

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

NONE

14.b. Amount of payment.

\$0: